

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ _____ <hr/> In the Interest of: _____	
Minor	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____
GUARDIAN'S REPORT – MINOR	

Current Reporting Period From _____ To _____
(MM/DD/YYYY) (MM/DD/YYYY)

Instructions to Guardian:

If ordered by the Court, Colorado law requires that every guardian of a minor complete a Guardian's Report every year. When you complete this report, you must file the report with the Court and mail copies of the report to the Minor, if 12 years of age or older, and all interested persons as identified in the Order Appointing Guardian. Complete the Certificate of Service at the end of this report to show the names and addresses of all the people to whom you mailed the report and the date on which you mailed it.

I. SUMMARY OF REPORT

- | | Yes | No |
|--|--------------------------|--------------------------|
| A. Do you recommend that the guardianship continue?
If No , explain: _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Have you had any criminal charges filed against you or convictions entered since the last report?
If Yes , explain: _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Do you recommend any changes to the guardianship?
If Yes , explain: _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Do you wish to remain guardian?
If No , explain: _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Has the Minor's physical and medical condition (hospitalization/injuries) changed since the last report? If Yes , explain: _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |

Yes No

- F. Is the Minor covered under health/dental insurance? If **Yes**, describe coverage:

- G. Is there a need for medical, social or psychological evaluations of the Minor?
If **Yes**, explain:

- H. Has the Minor's residence changed since the last report?
Identify specifics in **Section V.**
- I. The Minor's care and living situation is: Excellent Average Below Average

II. MINOR'S INFORMATION

New Residence from last Report

Name: _____ Age: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Telephone Number: _____
Type of Residence: Relative/Guardian's Home Group Home Foster Home Other: _____
Name of Facility, if applicable: _____

III. GUARDIAN'S INFORMATION

Updated Information from last Report

Guardian's Name: _____ Email address: _____
Address (Street and P.O. Box): _____
City: _____ State: _____ Zip Code: _____ Telephone Number: _____
Co-Guardian's Name: _____ Email address: _____
Address (Street and P.O. Box): _____
City: _____ State: _____ Zip Code: _____ Telephone Number: _____

IV. EDUCATION AND EXTRACURRICULAR ACTIVITIES

- A. Is the Minor attending school?: Yes No If **Yes**, complete the information below:
Name of School: _____ Current Grade Level: _____
Address: _____
Phone Number: _____ Minor's grades are: Excellent Average Below Average
If below average explain why.

- B. If the Minor is old enough, does he/she have a job? Yes No Describe.

- C. Identify a few of the minor's goals, accomplishments, and any extracurricular activities during this reporting period.

V. PLACEMENT AND CARE SUPERVISION

- A. If the Minor has moved since the last reporting period, identify the date of the move, address of residence, type of residence and reason for the change.

Date of Move	Address of Residence	Type of Residence	Reason for Change

- B. Who currently provides the majority of the Minor's supervision?

Name: _____ Telephone Number: _____

VI. FINANCIAL MATTERS

- A. Do you have possession or control of the Minor's assets, e.g. property, financial accounts? Yes No
If Yes, describe: _____

- B. Do you have control of the Minor's Income? Yes No

If Yes, describe: _____

- C. Do you or the Minor receive any financial support from the biological parents? Yes No If there is a current child support order, provide the name of the court, case number, date of most recent order, and status of the payments.

Name of Court	Case Number	State	Date of Current Order	Amount	Payment Status e.g. on time, late

- D. If applicable, identify the Representative Payee for Social Security and other income benefits.

Name: _____ Phone Number: _____

- E. Have any fees been paid to you in your role as guardian? Yes No

If Yes, describe:

- F. Have any fees been paid to others for the care of the Minor or his/her property? Yes No
 If Yes, describe: _____

Complete this section only if there is no Conservatorship and the Guardian has custody of funds.

SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD		
Beginning balance of bank accounts (savings, checking, etc.)	\$	
Plus monies received (social security, pension beneficiary, child support, interest, etc.) from any source on behalf of the person	+ \$	
Less total fees to care providers	- \$	
Less total monies paid to the Minor, e.g. personal needs	- \$	
Less total fees paid to guardian	- \$	
Less any other expenses, e.g. housing, insurance, maintenance	- \$	
Ending balance of bank accounts	\$	

You are required to maintain supporting documentation for all receipts and all disbursements under your control during the duration of this appointment. The Court or any Interested Persons as identified in the Order Appointing Guardian may request copies at any time.

VII. PERSONAL CARE AND OTHER ISSUES

A. Date of the Minor's last medical exam: _____ Dental exam: _____

B. Are the Minor's immunizations current? Yes No

If No, explain: _____

C. Describe any medical, educational, vocational, counseling and other services provided to the Minor.

D. Identify any significant events involving the Minor since the last report e.g. special awards or recognition, health issues, criminal charges/convictions, behavioral issues.

E. Does the Minor have any contact with the biological parents and/or other family members? Yes No
 Briefly describe the visits: Name of person visiting, frequency and length of visits and date of the last visit.

F. Do you believe the current plan for care is in the Minor's best interest? Yes No
 If **No**, describe your recommended changes:

Note: If you wish to modify or terminate this guardianship, you must file a separate Petition with the Court.

VERIFICATION

I verify that the facts set forth in this document are true as far as I know or am informed. I understand that penalties for perjury follow deliberate falsification of the facts stated herein. §15-10-310, C.R.S.

 Guardian's Signature Date Co-Guardian's Signature Date

Certificate of Service

I certify that on _____ (date) a copy of this Guardian's Report was served on each of the following:

Name of Person to Whom You are Sending this Document (Interested Persons)	Relationship to Protected Person	Address	Manner of Service*
	Minor, if 12 or older		

*Insert hand delivery, first class U.S. Mail, certified U.S. Mail, E-filed, or Fax.

 Signature of Person Certifying Service